

Request to Close Account

Date of Request _____

Financial Institution _____ Attn: Customer Service Department

Address _____

City, State, ZIP Code _____

To Whom It May Concern:

This letter serves as my request to close my account(s) at your financial institution. All of my transactions have cleared, and I have stopped all automatic debits and credits to my account.

Please close the account(s) listed below and send a check for the remaining balance to my address. If you have any questions or need additional information, please contact me.

Sincerely,

Account Holder Signature

Joint Account Holder Signature

My personal information:

Name _____

Address _____

City, State, Zip _____

Phone Number _____

My accounts at your bank are as follows:

Name(s) on Account _____

Account Number _____

Name(s) on Account _____

Account Number _____

Name(s) on Account _____

Account Number _____

